



FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2008

This report is mandatory under P.L. 86-367, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 446.

For Official Use Only

AUG 22 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 11105	2. Fiscal Year Covered From: 01 / 01 / 2003 Through: 06 / 30 / 2004
3. Name and address of person filing.	
Name Grenville A. Beattie	4. Name, file number, and address of labor organization.
P.O. Box, Bldg., Room No., if any	Labor Organization File Number 033180
Street 5515 Hyde Grove	P.O. Box, Building and Room Number, if any
City Jacksonville	Street 9411 Country Road
State FL	City Jacksonville
ZIP Code + 4 32210	State FL
ZIP Code + 4 32254	
5. Position in labor organization. Finance Committee	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name _____ _____ _____	_____
Trade Name, if any: _____	_____
P.O. Box, Bldg., Room No., if any: _____	_____
Street: _____	7.b. Amount.
City: _____	_____
State: _____ ZIP Code + 4: _____	_____

Signature:

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the Instructions.)

Name of Person Filing ... **Grenville A. Beattie**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: **Jacksonville Plumbers & Pipefitters
Joint Apprenticeship & Training Trust**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., If any: _____

Street: **489 Stevens Street**City: **Jacksonville**State: **FL** ZIP Code + 4: **32254**

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., If any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

11.a. Nature of such dealing.

**Apprentice & Journeyman Training.
The Collective Bargaining Agreement
states a certain amount will be paid
for each man hour worked to the
Apprenticeship Training Fund.**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**Attended the North American Pipe Trades
Training Conference June 28-July 2, 2004.
Registration Fees Paid - \$250.00
Expenses Reimbursed - \$1231.00**

12.b. Amount. **\$1481.00**

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., If any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

14.a. Nature of payment.

13.b. Is the Business an Employer <input type="checkbox"/>	or Consultant <input type="checkbox"/>	?	14.b. Amount of payment. <input type="text"/>
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